Dear Michelle,

We wanted to follow-up on some issues raised today and yesterday at the meetings regarding the transportation PAHP.

1. **Marketing**: At the MAC, Julia Bell mentioned the need to ensure that any materials that the broker uses be understandable and appropriate. As you know, the federal Medicaid regulations, 42 CFR 438.104, require that the state prior approve any marketing materials and that the state must consult with the MAC or a similar advisory committee regarding these materials. 42 CFR 438.104(c). As you also know, OMS has a materials review committee that is broadly representative. We, therefore, suggest that the RFP and Contract ensure that any such materials are subject to appropriate pre-review and that such materials be readable at a 6th grade reading level: the level required for all OMS materials distributed to Members.

2. **Grievance and Appeals Process:** W**e** have attached for you the unified one step appeals process mechanism that was developed through the MCO process. We think having a system that avoids delay and confusion is important. To do that, we, through the MCO design process, had consumers file one appeal. That appeal would be promptly forwarded to the state to set up a fair hearing. The PAHP in the interim could work to resolve the dispute. This process reduces delay, allows the state to track these issues and makes the process simple for the consumer. Having a separate grievance process may be confusing and is not even required under Subpart F of 42 CFR 438.

3. **Draft Performance Standards 8/1/11:** We appreciate your efforts to insure quality in the delivery of this important service.

   We would be comfortable with changing the scheduled pick-up time after the completion of an appointment to be 30 minutes when the completion time is reasonably known and perhaps within 45 minutes when not known or upon call. We could also see the arrival time at an appointment be slightly more than 15 minutes ahead of time, perhaps 30 minutes would be satisfactory.

4. **Member Restrictions:** One issue that arose at the Augusta 1st forum is whether brokers or providers can deny services to a Member who violates the rules. Given that this program limits freedom of choice of to one broker and to their contracted providers, we don't think allowing the denial of services is appropriate as it will likely mean that the Member goes without medically necessary care. We think that the provisions in Chapter IV, Section 1 of the MaineCare Benefits Manual could be modified to apply to these types of issues.

   Thanks for considering our views.

Jack Comart
Maine Equal Justice Partners
126 Sewall Street
Augusta, ME 04330-6822
(207) 626-7058, ext. 202
(207) 621-8148 (fax)